

FOR BOARD USE ONLY

Date Received: _____

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Certificate Received: _____



ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-879-4232 ♦ Fax: 205-879-4232*51

E-Mail ID.admin@idboard.alabama.gov

**NCIDQ CERTIFICATE VERIFICATION REQUEST
EFFECTIVE 10/1/06**

INSTRUCTIONS:

The fee for this service is \$20.00. Your check or money order made payable to NCIDQ shall accompany this form. The fee will be waived for those individuals who have kept their certificates current through the NCIDQ certificate renewal program.

NCIDQ is requested by the undersigned to furnish the ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN, Post Office Box 11026, Birmingham, AL 35202, verification that the undersigned has successfully passed the entire NCIDQ examination and the date passed.

Authorization to provide the information shall be given only by the undersigned NCIDQ certificate holder.

Please provide the Board a copy of the request to NCIDQ.

NAME: _____ **Maiden Name if applicable:** _____

RESIDENCE ADDRESS: Number & Street _____

City _____ County _____ State _____ Zip Code _____

BUSINESS NAME: _____ **Position or Title** _____

BUSINESS ADDRESS: Number and Street _____

City _____ County _____ State _____ Zip Code _____

TELEPHONE: Residence () _____ Business () _____ Fax () _____

The NCIDQ certificate verification process requires that you also provide the following information, if known, for the purpose of confirmation.

NCIDQ Certificate Number: _____ **Initial date Issued:** _____

I, the undersigned, attest that I am the NCIDQ certificate holder and request that the verification of the same be provided to ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN.

Date: _____ **Signature:** _____

This form shall be completed and mailed to:

NCIDQ

Executive Director

1200 18th Street NW, Suite 1001

Washington DC 20036-2506

(202) 721-0220